

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012628

STATE FILE NUMBER

5. 300  
1-57All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>CASS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DREXEL</b>		c. CITY OR TOWN <b>DREXEL</b> 01900	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		d. STREET ADDRESS (If outside, give location) <b>10YR</b>	
3. NAME OF DECEASED (Type or print) First <b>DELLA</b> Middle <b>CATHERINE</b> Last <b>HILL</b>		4. DATE OF DEATH Month <b>4</b> Day <b>17</b> Year <b>1959</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-29-1871</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
10a. BIRTHPLACE (City and state or country) <b>LOUISBURG, KANSAS</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
12a. FATHER'S NAME <b>GEORGE CLENDENING</b>		12b. MOTHER'S MAIDEN NAME <b>KATHERINE WANNER</b>	
13a. NAME OF HUSBAND OR WIFE <b>ELMER E. HILL</b>		14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
15. SOCIAL SECURITY NO. <b>NONE</b>		16. INFORMANT <b>COHEN HILL</b>	
17. ADDRESS <b>DREXEL, MISSOURI</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio Sclerosis -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Arterio Sclerosis &amp; Degeneration</b> DUE TO (c) <b>(1) Senility (2) Arthritis</b>	
19. INTERVAL BETWEEN ONSET AND DEATH <b>20-25 yrs</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY <b>CASS</b> STATE <b>MISSOURI</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>CASS</b> STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>July 1 - 1958</b> to <b>April 17 - 1959</b> and last saw her alive on <b>4-13-1959</b> Death occurred at <b>6:50 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Barry E. Hartman M.D.</b>	
22b. ADDRESS <b>Drexel Mo</b>		22c. DATE SIGNED <b>4-18-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4-19-1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>SHARON CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>CASS COUNTY MISSOURI</b>	
24. FUNERAL DIRECTOR <b>RUNYAN FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>4-18-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Ray Selner</b>			

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1994

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *Herald E. White* .....

Licensed Embalmer No. *4956* .....

P. O. Address... *Lawrenceburg* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.